



**Bureau of Air Quality**  
**South Carolina Radon Test Kit Request Form**

Please fill out this form to request a free radon test kit. It is important that this form be filled in completely and accurately. If the form is not properly completed, a kit cannot be sent to you. Test kits can only be supplied for homes located in South Carolina.

**Please note: If this request is for a real estate transaction, we cannot fill the request.** Please contact the Radon Program directly for additional guidance on how to properly test a home for a real estate transaction.

**ALL fields are required, unless otherwise indicated.**

Information on the home to be tested: Please note that **the homeowner must request the kit.** Requests cannot be made by friends or family members. Only one kit per household can be sent. If you believe you need more than one test kit, please contact the Radon program directly.

<b>Background Information</b>	
Date:	Request Type:
Has your home been mitigated? <i>(the addition of a radon reduction system)</i>	
If yes, please enter the date it was mitigated using the mm/dd/yyyy format.	
Was your home build with radon resistant new construction? <i>(addition of a passive radon reduction system upon home being built)</i>	
How did you hear about our Services? <i>(Please enter the specific TV station, newspaper name and location, website address, etc., for how you heard about our services in the 'Notes' area below.)</i>	
Notes (Optional): <i>(Please tell us how you specifically heard about our services.)</i>	
<b>Homeowner Information:</b>	
First Name:	Last Name:
Street Address of Home: <i>(the physical address of the home being tested - P.O. Boxes cannot be accepted.)</i>	
City:	
County:	Zip Code: <i>(in the five-digit format)</i>
Phone #: <i>(XXX-XXX-XXXX format. This is used to contact you if there are questions about your request or results.)</i>	
Email Address:	
<b>CHECK HERE if the Shipping Information is the SAME AS ABOVE.</b>	
<b>Shipping Information:</b>	
Mailing Address: <i>(the address where the kit will be shipped)</i>	
City:	
State:	Zip Code: <i>(in the five-digit format)</i>

**If you have any questions regarding this form or the radon program, please contact us at (800) 768-0362 or [radon@des.sc.gov](mailto:radon@des.sc.gov).**

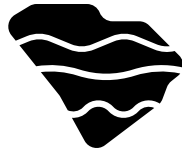
**You can submit the form by:**

**Email:** [radon@des.sc.gov](mailto:radon@des.sc.gov)

**U.S. Mail:** SCDES

Attn: SC Radon Program, Bureau of Air Quality  
2600 Bull Street, Columbia, SC 29201

**Timeframe: Requests can take two weeks or more to fill.**



SC DEPARTMENT of  
**ENVIRONMENTAL  
SERVICES**

## **Instructions for Completing DES 2096**

Title, Revision:

### *South Carolina Radon Test Kit Request Form*

#### **Purpose:**

The purpose of this form is to provide a way for SC residents to request a home radon test kit.

#### **Who Will Complete the Form:**

The form will be used by SC residents requesting a home radon test kit.

#### **Item by Item Instructions:**

*Date:* Fill in the date.

*Request type:* Indicate the type of test kit being requested (first request, follow-up, or post-mitigation).

*Has your home been mitigated?* Indicate whether the home has been mitigated - "Yes or "No".

*If yes, please enter the date it was mitigated:* Fill in the date mitigated if applicable.

*Was your home built with radon resistant new construction?* - Select "Yes", "No", or "Unknown"

*How did you hear about our services?* Indicate how you heard about the free test kit program.

*Notes (Optional):* Provide details about how you heard about the radon program.

*First Name:* Fill in first name.

*Last Name:* Fill in last name.

*Street Address of Home:* Fill in the physical address of the home being tested - P.O. Boxes cannot be accepted.

*County:* Fill in the County where the home to be tested is located.

*Zip Code:* Fill in the zip code in the five-digit format, of the home to be tested.

*City:* Fill in the city where the home being tested is located.

*Phone #:* Fill in your telephone number in the XXX-XXX-XXXX format. This is used to contact you if there are questions about your request or results.

*Email address:* Fill in your email address.

*Check here if the mailing address is the same as the address listed above.* Check the box if the mailing address is the same

*Mailing Address: (The address where the kit will be shipped)* Fill in if the kit will be shipped to a different address than the

*City and State:* Fill in the city and state if the kit will be shipped to a different address than the address to be tested.

*Zip Code:* Fill in the mailing zip code in the five-digit format, if the kit will be shipped to a different address than the address to be tested.

#### **Office Mechanics and Filing:**

Returned request forms are retained according to the State Indoor Radon Grant schedule; a period of three years from the date of submission of the final expenditure report for the grant period during which they were received.